

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90449 005 \*\*\*150.00

FR01184 AV

**DOCUMENT # 493709**

1. Entity Name  
**LEESBURG PRINTING COMPANY**



Principal Place of Business  
**3606 PARKWAY BLVD  
P.O. BOX 491140  
LEESBURG FL 34749  
US**

Mailing Address  
**3606 PARKWAY BLVD  
P.O. BOX 491140  
LEESBURG FL 34749  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
City & State

Zip  
Country

Zip  
Country

4. FEI Number **59-1662789**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MASON, B. LEWIS  
1571 TERRACE GREEN DRIVE  
LEESBURG FL 34748**

7. Name and Address of New Registered Agent  
Name **Mason, Michael P.**  
Street Address (P.O. Box Number is Not Acceptable)  
**4013 Magnolia Drive**  
**Leesburg**  
City **FL** Zip Code **34748**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Michael P. Mason President** **2-26-03**  
Signature (Handwritten or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>MASON, B. LEWIS</b>	
STREET ADDRESS <b>1571 TERRACE GREEN DRIVE</b>	
CITY-ST-ZIP <b>LEESBURG FL</b>	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>MASON, CECILIA</b>	
STREET ADDRESS <b>1571 TERRACE GREEN DRIVE</b>	
CITY-ST-ZIP <b>LEESBURG FL</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>MASON, BENJAMIN</b>	
STREET ADDRESS <b>1917 SOUTH STREET, APT 4</b>	
CITY-ST-ZIP <b>LEESBURG FL 34748</b>	
TITLE <b>VD</b>	<input type="checkbox"/> Delete
NAME <b>MASON, MICHAEL</b>	
STREET ADDRESS <b>4013 MAGNOLIA DR</b>	
CITY-ST-ZIP <b>LEESBURG FL</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Mason, Michael P.</b>	
STREET ADDRESS <b>4013 Magnolia Drive</b>	
CITY-ST-ZIP <b>Leesburg FL 34748</b>	
TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Amy Mason</b>	
STREET ADDRESS <b>4013 Magnolia Drive</b>	
CITY-ST-ZIP <b>Leesburg FL 34748</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit, with all other like empowered.

SIGNATURE: **Michael P. Mason President** **2-26-03** **352-787-3348**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)